MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01418

1431 CERTIFICATE OF DEATH Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 103 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Emma (Last) Crawford

4. DATE OF DEATH: (Month) February (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: February 25 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Essex

14. MOTHER'S MAIDEN NAME: Mary Essex

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Raymond Crawford, Parran

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

332X

Immediate cause (a) Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1954, to Feb., 1955, that I last saw the deceased alive on Feb. 3, 1955, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE Dove Stitt (Degree or title) ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 5, 1955 NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery LOCATION (City, town, or county) Mt. Plum Point (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb. 5, 1955 REGISTRAR'S SIGNATURE Grace L. Kutekis

24. FUNERAL DIRECTOR Wm H. Kutekis ADDRESS Owings, Md

RECEIVED
FEB 10 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01419

1432

CERTIFICATE OF DEATH

Reg. Dist. No. 51

Item 7, FilmC177 2-23-55 et

1. PLACE OF DEATH: COUNTY Calvert MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pr Frederick

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Calvert

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PARRAN X

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) (Last) Freeland

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Nov 1, 1907

9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Calvert County, MD

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Issac Freeland

14. MOTHER'S MAIDEN NAME: Mamie Chew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mary Gorman, Parran, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X IMMEDIATE CAUSE (A) Acute heart failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive C. v. d.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 19 , to Feb 9, 1955, that I last saw the deceased alive on Feb 9, 1955, and that death occurred at 9 30 A M, from the causes and on the date stated above.

SIGNATURE R. W. Williams M. D. ADDRESS St Leonard DATE SIGNED Feb 9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Feb. 12, 1955

NAME OF CEMETERY OR CREMATORY Patuxent Church

LOCATION (City, town, or county) (State) Huntingtown, Md.

DATE REC'D BY LOCAL REGISTRAR 2/14/55

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR Leroy E. Berry ADDRESS Huntingtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
FEB 15 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01420

1433

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Barstow
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barstow X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) W. (Last) Gott

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M
8. DATE OF BIRTH: Apr. 16, 1913
9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months 10 Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Arlington, Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Seaton Craigie
14. MOTHER'S MAIDEN NAME: Bessie Latham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Elmer Gott - Barstow, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Carcinomatosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Ca of breast

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1954, to Feb 17, 1955, that I last saw the deceased alive on Feb 17, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE R. Wittareal M. D. ADDRESS St Leonard DATE SIGNED Feb 18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb. 20, 1955
NAME OF CEMETERY ~~OR CREMATORY~~ Wesley Methodist
LOCATION (City, town, or county) (State) Prince Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 2-18-55
REGISTRAR'S SIGNATURE H W Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - ADDRESS Mutual, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

RECEIVED
FEB 23 1955
BUREAU V. S.

1434

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01421

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town X Prince Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred: Calvert County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Calvert

City or town Huntingtown Md X (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John BENJAMIN LYONS

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Hattie Lyons.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 11. 1880

8. AGE: Years 74 Months 6 Days 16 If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Hat Blocker. Retired

11. Industry or business

FATHER
12. Name: John Benjamin Lyons
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sarah Jane Fowler
15. Birthplace: Maryland

16. Informant: Mr. O. Frank Bowen

Address: Owings. Calvert Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3 1 55 (month) (day) (year)

Cemetery or crematory: Loudon Park Cemetery

Location: Baltimore Maryland

18. Funeral director: Wm H. Hutchins

Address: Owings, Md.

19. 2/28 1955 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/27 1955 at 1.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/23 1955 to 2/27 1955

and that I last saw him alive on 2/26 1955

Immediate cause of death: Lobar Pneumonia Bilateral

Due to 490X

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 4 days

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Prince Frederick Date signed 2/27/55

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01424

1437

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Prince Frederick
LENGTH OF STAY (in this place) 71 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) S. (Last) Parran

4. DATE OF DEATH: (Month) February (Day) 6 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr. 21, 1870
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months 9 Days 15 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Wesley Shemwell
14. MOTHER'S MAIDEN NAME: Sally Freeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Elizabeth Wilson - Prince Frederick

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

IMMEDIATE CAUSE (A) Diabetes arteriosclerosis C.V. disease — INTERVAL BETWEEN ONSET AND DEATH 11-27-54

ANTECEDENT CAUSE (S) DUE TO (B) Diabetes Mellitus

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 1904.91 DUE TO (C) Fractured Hips

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes necrosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at ..... M. from the causes and on the date stated above.

SIGNATURE Gage Scott
ADDRESS M. D. Prince Frederick
DATE SIGNED 2/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb. 8, 1955
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Pr. Frederick, Md

DATE REC'D BY LOCAL REGISTRAR 2-6-55
REGISTRAR'S SIGNATURE H.W. Ward M.D.
24. FUNERAL DIRECTOR C. A. Harkness & Son
ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
FEB 9 1915
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01422

CERTIFICATE OF DEATH

1435

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Prince Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X
STREET ADDRESS (If rural give location) 1 —

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Gregory Howard Phelps

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 27, 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Dec. 28, 1954
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 1 Days 29 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? N. S. A.

13. FATHER'S NAME: Philip H. Phelps
14. MOTHER'S MAIDEN NAME: Betty Buckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (if Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Thomas Buckler - Pr. Frederick Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

500 X

IMMEDIATE CAUSE (A) aspiration asphyxiation

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Bronchial Infection

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1955 to 2/27, 1955 that I last saw the deceased alive on ....., 19...., and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Gage Gitt
ADDRESS M. D. Prince Frederick, Md.
DATE SIGNED 2/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb. 28 1955
NAME OF CEMETERY OR CREMATORY Wesley Cemetery
LOCATION (City, town, or county) (State) Prince Frederick, Md

DATE REC'D BY LOCAL REGISTRAR 2-28-55
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

20V4243416

RECEIVED
MAR 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1436

CERTIFICATE OF DEATH

Reg. Dist. No. 014232

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Md. X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Lee (Last) Plummer Sr
4. DATE OF DEATH: (Month) Feb (Day) 25 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 6, 1886
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Plummer
14. MOTHER'S MAIDEN NAME: Kate Maas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Lee Plummer, Owings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 451X (a) Ruptured aneurism of abdominal aorta dissecting along inferior mesenteric artery — Interval Between Onset And Death 24 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tbc. healed

19a. DATE OF OPERATION: 2/25/55
19b. MAJOR FINDINGS OF OPERATION see above
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24, 1955, to 2/25, 1955, that I last saw the deceased alive on 2/25, 1955, and that death occurred at 5 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Foy Scott M.D. ADDRESS Prince Frederick DATE SIGNED 2/27/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/28/55
NAME OF CEMETERY OR CREMATORY Friendship Cemetery
LOCATION (City, town, or county) (State) Friendship, A.A. Co Md
DATE REC'D BY LOCAL REGISTRAR 2/28/55
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins, Owings, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01425

1438 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) B. (Last) Roberts

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: Dec. 29, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days 14 IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry Buck

14. MOTHER'S MAIDEN NAME: Janie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Emerson Roberts - Prince Frederick Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Hypertension and

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7 55, to Feb 14 55, that I last saw the deceased alive on Feb 04, 19..., and that death occurred at M, from the causes and on the date stated above.

SIGNATURE R. W. Seaman M. D. ADDRESS Prince Frederick DATE SIGNED Feb 16 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb. 17, 1955 | NAME OF CEMETERY OR CREMATORY Wesley Cemetery | LOCATION (City, town, or county) (State) Prince Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR 2/17/55 | REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 21 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01426

1439

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mutual
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mutual
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Marion (Middle) D. (Last) Ross

4. DATE OF DEATH: (Month) Feb. (Day) 26, (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Nov. 4 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 3 Days 22 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co., Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Clement Dorsey

14. MOTHER'S MAIDEN NAME: Annie Anthony

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Robert A. Harkness - Mutual, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Senility & arteriosclerosis

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26 55, 19..., to Feb 26 55, 19..., that I last saw the deceased alive on Feb 26, 19 55, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Robt Williamson III M. D. ADDRESS 54 Lenar DATE SIGNED Feb 26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Feb. 28, 1955

NAME OF CEMETERY OR CREMATORY Dorsey Private Lot

LOCATION (City, town, or county) (State) Mutual, Md.

DATE REC'D BY LOCAL REGISTRAR 2-28-55

REGISTRAR'S SIGNATURE H W Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual, Md

RECEIVED
MAR 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1440 **CERTIFICATE OF DEATH** 01427

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Merle (Middle) L. (Last) Wood

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Aug. 18, 1922
9. AGE last birthday 32 yrs. IF UNDER 1 YEAR Months 6 Days 3 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver
10B. KIND OF BUSINESS OR INDUSTRY: Electric Co.
11. BIRTHPLACE (State or foreign country): Baltimore ~~Calvert Co.~~ Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milburn C. Wood
14. MOTHER'S MAIDEN NAME: Emma A. Peckruhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) W. W II
16. SOCIAL SECURITY NO. 214-18-7384
17. INFORMANT & ADDRESS: Milburn C. Wood, Prince Frederick, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976 X IMMEDIATE CAUSE (A) Gun shot wound of chest (heart) — INTERVAL BETWEEN ONSET AND DEATH instant.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21C. WHERE DID INJURY OCCUR? (City or town) Pr Fred. (County) Calvert (State) Md
21D. TIME OF INJURY (Month) 2/21/55 (Day) (Year) (Hour) 3 p. M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☑
21F. HOW DID INJURY OCCUR? Self inflicted

22. I hereby certify that I attended the deceased from ....., 19 ..., to ....., 19 ..., that I last saw the deceased alive on ....., 19 ..., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE H. A. Weems acting Med Examiner M.D. ADDRESS Huntingtown Md DATE SIGNED 2/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb. 24, 1955
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) Barstow (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-23-55
REGISTRAR'S SIGNATURE H W Coach
24. FUNERAL DIRECTOR A. A. Harkness & Son, ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
FEB 24 1955
BUREAU V. S.